



# Accomplishments of and Lessons Learned in the 80% by 2018 Initiative on Colorectal Cancer Screening

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We've made tremendous progress since 80% by 2018 launched in 2014.



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The Prevent Cancer Foundation's Dialogue for Action was a critical catalyst to increasing colorectal cancer screening rates and helped set the stage for the future launch of a major campaign.



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# Dialogue for Action's Key Role in 80% by 2018

- 17 states and 10 American Indian/Alaska Native teams have participated in the Dialogue to increase capacity for CRC screening since 1999.
- Laid the groundwork and helped build capacity that's propelled 80% by 2018 to success.

# 10 Lessons Learned



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1. Build capacity *before*  
launching a national campaign.



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# Build Capacity Before Campaign

- No matter how good the idea, launching before capacity is built is a big mistake.
- You need partners, will, infrastructure, and funding to be successful.
- If capacity isn't built prior to launch, you'll spend the first several years building it – and not advancing your goal.

# Capacity Before Campaign

- It took a long time to build capacity to launch a colorectal cancer campaign.
- NCCRT was established in 1997.
  - Took 17 years to be ready for 80% by 2018.
- We knew the evidence-based interventions that worked.
- NCCRT members spent more than a year planning for the launch of a unified strategy.
- Others are learning from 80% by 2018 and shortening the lead time.
  - Example: ACS' HPV campaign



2. Timing matters – not too long, not too short.



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# Getting the Campaign Length Right

- 5 years is a short amount of time ...
- ... 10 years feels like a long time.
- Finding the right balance is key.
- A short campaign creates urgency, but a longer campaign gives you more time to achieve your goal.
- Acquiring partners is key – and takes a long time.
- Including ‘by 2018’ added urgency, but presents the challenge of the campaign ending.

Early on, Djenaba Joseph, M.D. offered one of the best pieces of advice we received:  
“Think about and plan for what you’re going to do when 2018 is over.”



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### 3. Commitment matters.



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# Commitment Matters

- The pledge allowed us to celebrate the beginning of a commitment, not just the achievement.
- The pledge also formalized the commitment
  - Pledge ceremonies
  - Media coverage around pledge signings
  - Buy-in from C-suite

# 4. Measurement, measurement, measurement



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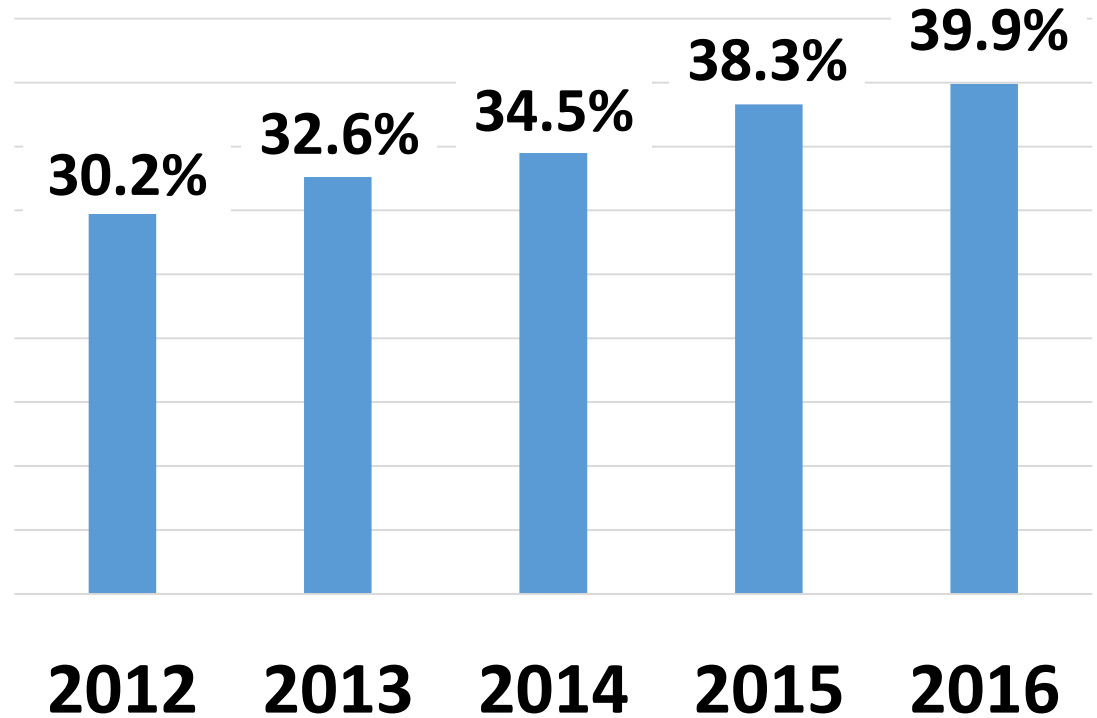


# We Can't Improve What We Don't Measure

- Measuring big population health goals is challenging.
- There is no simple solution.
- The bigger the measurement, the longer the delay.
  - Some of our key measurement tools have significant lag time.
- Find and track as many sources of measurement as possible.

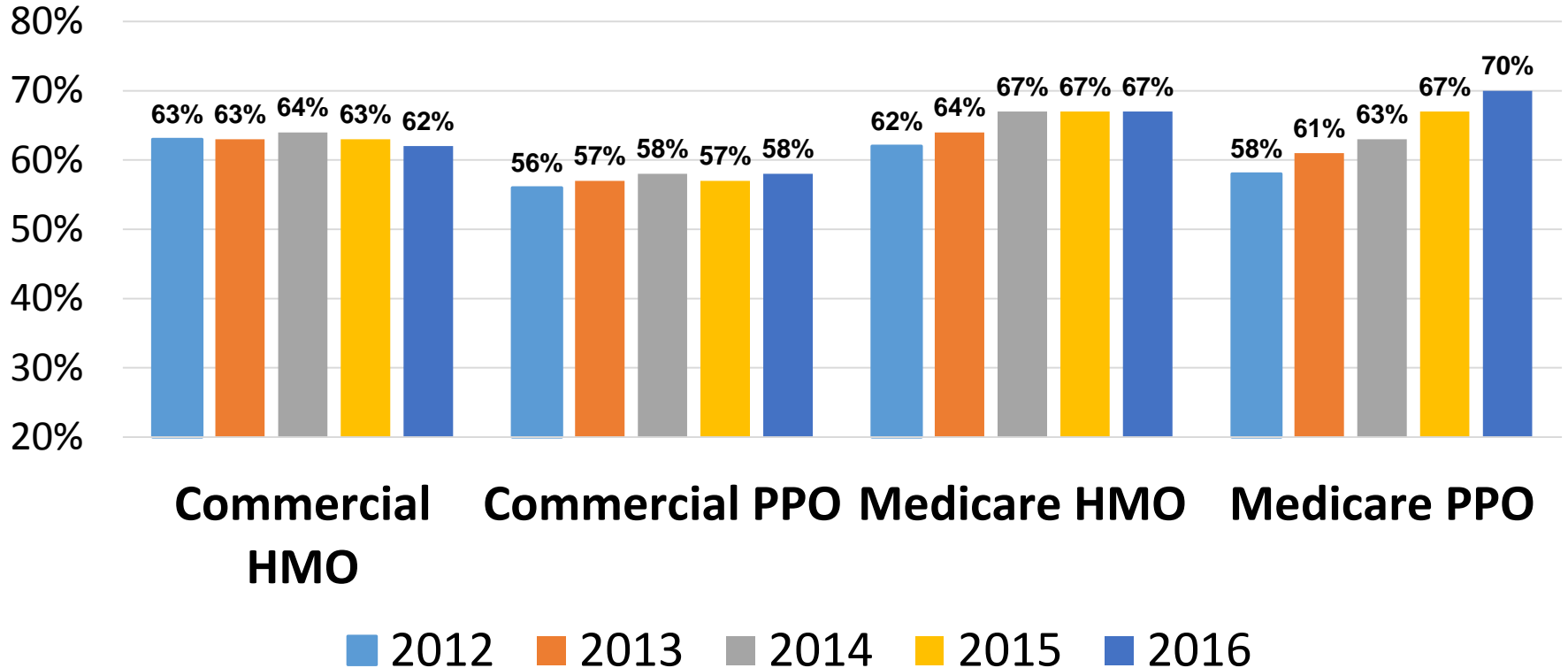
# Colorectal Cancer Screening Rate

*ALL FQHCs-UDS*



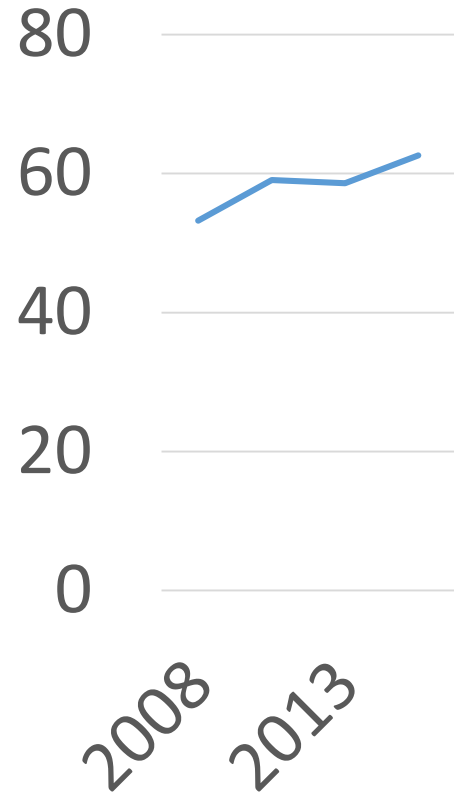


# HEDIS Measures

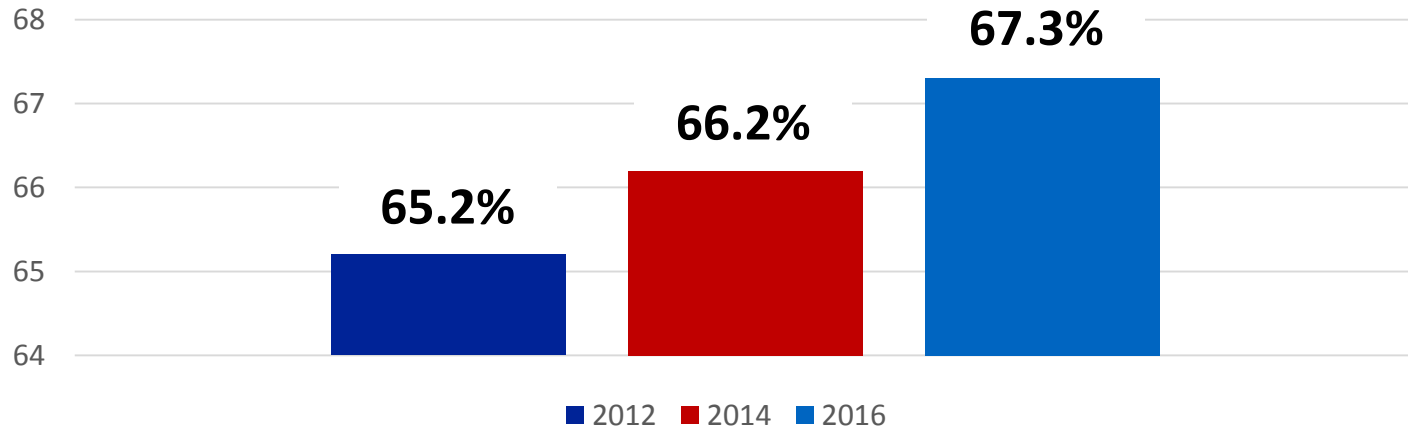


# NHIS Data

After plateauing for several years, screening increased from 59% to 63% from 2013 to 2015.



# Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, BRFSS



# Individual Practice Measurement

- The best measurement is by health system or practice.
- More than 150 organizations have hit 80% or higher and hundreds more have seen rates increase.
- NCCRT's annual survey includes the question: "Do you know your organization's rates?"

# Partner Survey Results

**61%**

Of partners reported increased screening rates year-over-year

**22%**

Of partners didn't know their screening rate – down from 35% percent who didn't know their rates in 2016

# 5. A workforce is critical.



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# A Dedicated Workforce Matters

- ACS now has 3 FTE entirely dedicated to increasing CRC screening and to leading the NCCRT. Numerous other ACS staff devote substantial time to the cause.
- The ACS has 400 regionally-based public health staff who are critical to 80% by 2018.
  - Trained in quality improvement
  - Work closely with the FQHCs, hospitals, health plans, and coalitions in their markets.
  - Recruit pledges and partners.
  - Most Achievement Award honorees report a close working relationship with their ACS team partners.

# CDC Colorectal Cancer Program

Focused on working  
at the individual  
practice level

**23**

States

**6**

Universities

**1**

American Indian tribe



# CDC's CRC Program Model has Evolved

- CDC grantees now work in a similar model to ACS – working at the practice level to facilitate change.
- The model is working – 4.4% increase in CRC screening rates in JUST the first year.

**Many other organizations are dedicating staff effort to increasing CRC screening rates.**

## 6. Leaders, champions, and multisector engagement matter.



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# Champions are Key

- The secret to success is to surround yourself with good people.
- As we predicted from the start, support from leaders and champions is strongly correlated with achievement.



# Employer Success

- Ameren, an energy company in the Midwest, signed the 80% pledge in 2016.
- The company's screening rates went from 58% to 72% in just two years.



# Coalition Success

- Tina Kiser Cancer Concern Coalition in Guernsey County, Ohio reduced the late stage colorectal cancer rates through education, reduced cost screening, and physician education.
- Late stage rate dropped from 60% to 12% in 2014.



# Primary Care Clinic Success

- 9 clinic FQHC serving 100,000+ low-income patients per year in Palm Beach County, Florida.
- Increased screening rate from 37% in 2014 to 75% in 2016.



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

# 7. Campaigns require funding.



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# Campaigns Require Funding

- 80% by 2018 never received the funding it warrants.
- Compared to the value of colorectal cancer screening, it remains under-funded.
- Planning a funding strategy in advance is critically important.
- New dollars available through the expansion of NCI funding in the past 2 years – but these are research dollars, not implementation dollars.



# 8. The Roundtable model works.



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# The Roundtable Model Works

- The NCCRT has allowed us to harness the collective power and expertise of the entire colorectal cancer community.
- None of our success would have been possible without roundtable members, volunteers, and staff.

# The Key Attributes of Successful Roundtables

- Organization of organizations
- Address the work that is best accomplished as a community
- Avoids directly competing with its members
- Full-time staff working only on Roundtable activities
- A tightly-knit steering committee
- Task forces that do the detail work
- Products, tools, and educational vehicles for the benefit of all

# 9. Local matters.



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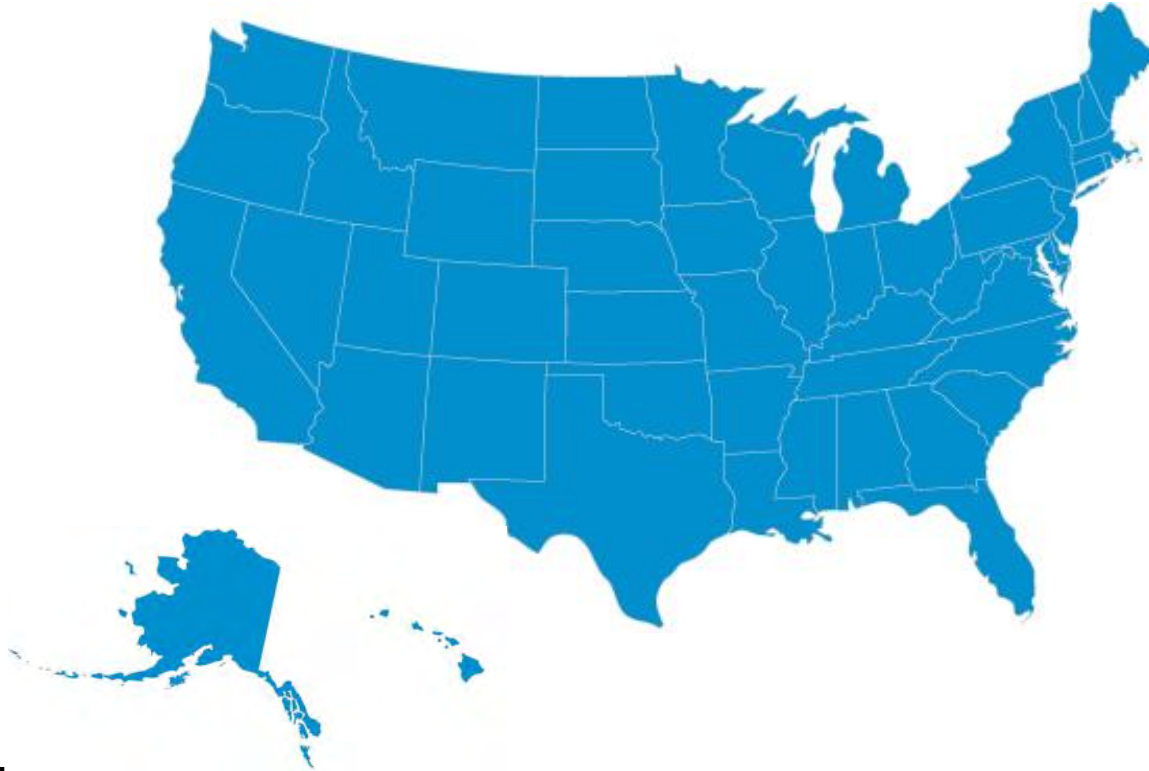
# Local Matters

- People are motivated to help their communities, and to rally with their peers at the local level to achieve a shared goal.
- The initial 80% by 2018 strategic plan didn't include a state-based strategy, but early on, states created a variety of coalitions and roundtables dedicated to increasing CRC screening rates.

# State-Level Engagement



# State-Level Engagement



# Tremendous Success in Kentucky

**70.1%**

Percentage of Kentuckians age 50-75 who are up-to-date on screening

**1**

Of 15 districts achieved an 83% screening rate

**19th**

Kentucky's national ranking for colonoscopy screening. In 1999, the state ranked 49<sup>th</sup>



# Amazing Success in North Dakota

**65%**

of North Dakotans age 50-75 were up-to-date on screening in 2016.

**58%**

North Dakota's screening rate in 2012.

One **state** at a time ...



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... one **coalition**  
at a time ...



... one **hospital**  
at a time ...



... one **health**  
**center** at a time ...



... and one **patient** at  
a time.



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10. People drive everything we do.



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Our work will not end in 2018.



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None of us is satisfied. Our work is not done. We must continue to learn, act urgently, and relentlessly pursue increased screening rates ....

... to save the lives  
we can and should be saving.



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**Thank You**

